

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/830388**

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		3					
5		1					
6		1					
7		1					
8		2					
9		1					
10		1					
11		1					
12		1					
13		1					
14		1					
15		1					
16		1					
17	1						
18		1	1				
19		1					
20		2					
21		1					
22		1					
23		1					
24		1					
25		1					
26	1		1				
27		1					
28		2					
29		1					
30		1					
31		1					
32		2					
33		1					
34		1					
35		1					
36		1					
37	1						
38	1						
39							
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46							
47							
48							
49							
50							
TOTAL IND.	5						
TOTAL DEP.		33					
TOTAL CLAIMS		38					

  

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

**BEST AVAILABLE COPY**

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS